

the purposes of this section \$3,000,000 for fiscal years 2010 through 2015. Such funds shall remain available until expended.

(d) COORDINATION.—The Secretary shall coordinate the Program with other like watch programs. The Secretary shall submit, concurrent with the President's budget submission for each fiscal year, a report on coordination of the Program and like watch programs within the Department of Homeland Security to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives.

The CHAIR. Pursuant to House Resolution 853, the gentleman from Connecticut (Mr. HIMES) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Connecticut.

Mr. HIMES. Mr. Chair, I yield myself such time as I may consume.

I would like to begin by thanking Chairman OBERSTAR and Chairman THOMPSON for their very diligent and intense work on this very important bill touching so closely to the topic of national security and making sure that our borders are secure and people are safe.

We have taken great strides in the last few years to ensure that our coasts, our rivers, our bridges, our tunnels, our ports and ships are safer than perhaps they were before. But the reality is that they are, as we all know, still vulnerable to attack.

With more than 95,000 miles of shoreline, more than 290,000 square miles of water and approximately 70 million recreational boats in the United States, the United States Coast Guard and local first responders simply cannot protect our Nation's waterways on their own. Individual citizens are often in the best position to notice suspicious activities that may be early indicators of terrorist activity. Any observations of suspicious or unusual activity could be extremely valuable to our national security, so we need a system in place to train volunteers to report their findings.

The amendment that I offer this evening strengthens, streamlines, and improves the national effort to engage local citizens in the fight to protect our waterways through the America's Waterway Watch Program. This program is an essential step toward improving our national maritime and homeland security outreach and awareness strategy, educating industry and the public on the need to be vigilant and to report suspicious activity. The amendment aims to develop a system to collect and share these reports.

My amendment would authorize full funding for this program for the very first time, allowing the Coast Guard to fulfill the promise of the program by providing resources, training support and awareness of best practices to our Nation's small vessel owners, recreational boaters, tugboat operators, fishermen and marina operators, those people who are day in and day out closest to where activity is likely to occur.

In the spirit of national security and with the support of the United States

Coast Guard and the House Homeland Security Committee, I urge my colleagues to support this amendment.

I reserve the balance of my time.

Mr. LOBIONDO. Mr. Chairman, I seek to claim the time in opposition, although I am not opposed.

The Acting CHAIR. Without objection, the gentleman from New Jersey is recognized for 5 minutes.

There was no objection.

Mr. LOBIONDO. Mr. Chairman, we have no objection to the gentleman's amendment. The amendment would require the Coast Guard to establish the American Waterways Watch Program, which I understand is already in operation today. The language is identical to language that was offered by former Transportation Committee member from the State of Washington, DAVE REICHERT, as an amendment to the bill in the 110th Congress. So we have no object to its inclusion once again.

Mr. Chairman, I yield back the balance of my time.

Mr. HIMES. I thank my colleague and friend from New Jersey (Mr. LOBIONDO) and yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Connecticut (Mr. HIMES).

The amendment was agreed to.

Mr. CUMMINGS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. HIMES) having assumed the chair, Mr. POLIS, Acting Chair of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 3619) to authorize appropriations for the Coast Guard for fiscal year 2010, and for other purposes, had come to no resolution thereon.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

ASTHMA IN AMERICA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Mr. KAGEN) is recognized for 5 minutes.

Mr. KAGEN. Mr. Speaker, I appreciate having the opportunity to review with the Members of the House, and also with other people watching, one of the most important ailments of the country, and that is there is today an asthma epidemic all across these United States. The rate of asthma in terms of its incidence of morbidity and mortality has been increasing each and every year.

What we find here today is asthma in America has some numbers we all need to be aware of: 22 million people here in these United States suffer from symp-

toms of asthma. There are 4,000 deaths every year from people who have asthma that's totally out of control, under-medicated and undercared for. Too often today, patients will suffer from allergic reactions not just in the nose and the sinuses, which we call hay fever or allergic rhinitis, but also in the lungs, where we call it asthma, for asthma is nothing more than an allergic reaction within the lungs.

\$20 billion is what we spend every year treating and diagnosing this condition. We can and must do better. In terms of lost days of work, over 10 million days are lost because people are ill with their asthma symptoms, and 13 million school days are lost each and every year because children are under-diagnosed and undertreated with this important condition. We can and we must do better, and one way to do that is to guarantee that patients receive an accurate diagnosis.

Recently, in the health care debate here in the House, much attention has been paid to primary care or to the medical home model where every citizen in the country would have a primary care physician to go to to receive their medical care, not just for themselves, but for members of their family as well.

So how well are the primary care doctors doing when taking care of these asthma patients? In a number of double-blind crossover control studies, we find that asthma specialists have been delivering higher quality and lower costs to the care of these asthmatic patients. There has been a documented 95 percent reduction in hospitalization when taking patients once hospitalized with asthma and then following the patients, whether they are referred to primary care or to an asthma specialist. There has been a 95 percent reduction in hospitalization, a 77 percent reduction in visits to an emergency room, and a 77 percent reduction in days missed from work.

Clearly, the evidence reveals that specialty care for the diagnosis, treatment and management of this chronic and often fatal disease is best handled by those who are specialists in the area. These facts have to be considered as we consider legislation that would compress people and, not force people, but guide them into primary care versus specialty care.

Throughout the country, specialists and primary care physicians have been working hand in hand and need to collaborate and cooperate when caring for patients, not just with asthma, but with all sorts of medical ailments.

And now that we are on the subject of health care reform, there are three essential elements that must be in a piece of legislation to pass this House and the Senate and to be signed by the President. They include not only no discrimination against any citizen due to preexisting conditions, but also transparency in the medical marketplace where every entity, every individual or business entity, that offers

medical products or services for sale to the public should at all times openly disclose all of their prices and guarantee that everyone has an opportunity to know the price of a pill before they swallow it and to guarantee that everybody knows the price of a chest x ray or any other medical procedure before they actually have that procedure done.

Transparency, that sunshine that's needed to help create a medical marketplace, is critically important. No discrimination against any citizen and complete transparency will help create that medical marketplace.

But we also need to develop a standard health benefit plan, one that will guarantee that if you are sick and covered by that standard benefit plan, you'll be in your house, not the poorhouse, a standard plan that each and every insurance company must offer to every citizen within regional markets to guarantee that a marketplace creates that competition to drive down prices immediately, not in 2013, but in early 2010.

Asthma is an important condition. It's a very common condition, best managed by specialists who cooperate collaboratively with primary care physicians.

As we go forward to reform our health care system, I hope that the House leadership will understand how important it is to collaborate between primary care and specialty care and to guarantee that no discrimination, complete transparency in medical pricing, and the standard health benefit plan will exist in our legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. DEAL) is recognized for 5 minutes.

Mr. DEAL of Georgia. Mr. Speaker, with my apologies to Charlie Daniels, I have some new words for one of his songs, and it goes like this:

Democrats went forth from Washington carrying a bill they wanted to seal. They were in a bind because they were way behind and looking for some doctors to deal.

You may think your health care is in pretty good shape, but give the Dems their due. They're willing to bet a fiddle of gold against medicine sold because they think they know better than you.

Mr. Speaker, I rise today to deliver a message to physicians and their patients across our great Nation. Don't be fooled by political attempts to buy off your support for a bill which the American people have already rejected. Despite the President's claim that health care reform will not add to the deficit, there is one very large problem: Medicare physician payment reform.

□ 2015

Just yesterday, Democrats in the other body attempted to force through

a bill which purported to fix a fundamental flaw in the way Medicare pays physicians. Attempting to move this legislation outside of the context of a health care reform package only underscores the fact that the fix is not paid for, will add to the backs of all American taxpayers, and is being used as a political bait-and-switch to lure providers into supporting a flawed health care reform bill that has already been rejected by the people.

President Obama has made repeated promises that he will not sign a health care bill that "adds one dime to our deficit, either now or in the future, period." By that very logic, the bills that are now pending in the House and the Senate are dead on arrival if President Obama wishes to keep his promise to the American people.

The problems with the sustainable growth rate, commonly referred to as SGR, have forced this body to act repeatedly to override detrimental cuts to physician reimbursement that is prescribed by this flawed formula. At the very core of this issue is patient access to physicians which literally hangs in the balance. If these cuts are allowed to occur, seniors will face an unprecedented loss of access to care, and doctors will be unable to continue to treat seniors when payment rates are far below the cost of providing care.

With a looming 21.5 percent reduction in reimbursement scheduled to go into effect at the end of this year, it is not surprising that the administration would use this political leverage to advance an agenda for health care reform that on its own merit has been and continues to be rejected by many of the American people.

Aneurin Bevan, the Minister of Health of Great Britain, when asked how he convinced his country's physicians to go along with the government takeover of health care, said, "I stuffed their mouths with gold." Mr. Speaker, this Congress and the Obama administration are attempting to do the same with fool's gold. Instead of being honest and forthcoming with the American people, the administration and Democratic leadership in Congress are choosing simply to ignore the cost of fixing SGR using budgetary games that will add another \$250 billion to the Federal deficit. Clearly, dimes aren't being added to the deficit, hundreds of billions of dollars are. This, of course, is in addition to billions of new taxes on individuals and small businesses and cuts to popular Medicare programs like Medicare Advantage.

What is at stake is our ability as a Nation to enact meaningful reforms which drive down cost, improve quality, and increase access to health care coverage of Americans by their own choosing. In fact, CBO estimates that tort reform alone would save Americans over \$54 billion over the next 10 years, and that's just one example. So much for bending the cost curve, though, because malpractice reform is being left behind to be fixed another day.

So to my colleagues and physicians looking to strike a deal on that fiddle of gold, remember, it is not your own soul that this legislation will steal; it is the soul of health care in America.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. WEINER) is recognized for 5 minutes.

(Mr. WEINER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. POSEY) is recognized for 5 minutes.

(Mr. POSEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. WESTMORELAND) is recognized for 5 minutes.

(Mr. WESTMORELAND addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PROGRESSIVE CAUCUS HOUR

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Let me thank the Speaker for recognizing us today. And